DSHW-006B-1 Rev. 2/14 **Part 1**

SOLID WASTE TRANSPORTER MONTHLY DISPOSAL REPORT (Only for Waste Hauled Directly Out-of-State)

		Phone #:				
		Reporting Month	Year			
	MO	NTHLY SUMMARY				
NOTE e filing of this report is nired by the New Jersey	WASTE TYPES	Solids	TOTAL AMOUNT (IN TONS)			
lid Waste Regulation .C 7:26- 3.5(f). Failure	10:	Household & Municipal				
submit this report on a thly basis may result in	13:	Bulky Waste				
position of a penalty USA 13:1E-9 et seq. d/or revocation of	13C:	Construction & Demolition				
license.	23:	Vegetative Waste				
ists of one page each orm DSHW-006B-1	25:	Animal & Food Processing				
and 2. Part 1 and Part 2)	27:	Dry Industrial				
itional Part 2 forms oe filed for each final oosal facility and/or	27A:	Asbestos				
y of waste origin to out-of-state waste is	27I:	Incinerator Ash				
transferred.	OTHER	Identify:				
orms (Part 1 and Part ust be submitted to the EP (address below) the County of Origin ne waste within 20 after the last day of month.		TOTAL DISPOSED DIRECTLY OUT-OF-STATE (From Part 2):				

NJ Department of Environmental Protection
Division of Solid and Hazardous Waste
Bureau of Recycling and Planning
P.O. Box 420, Mail Code 401-02C
Trenton, NJ 08625-0420
Attention: Carol Puca (609) 984-3438

County of Origin of Waste
Attention: Solid Waste Coordinator
Note: The address for each county SW
coordinator is available on the DSHW
/Recycle Web page or by calling your
local county office

DSHW-006B-2 Rev. 2/14

Part 2

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION SOLID WASTE TRANSPORTER MONTHLY DISPOSAL REPORT

(Only for Waste Hauled Directly Out-of-State)

Transporter Name	:									
Final Out-of-State					Final l	Disposal				
Disposal Facility N	ame:				_ Facility	y Locatio	n: Town		County	
State									· · · · · · · · · · · · · · · · ·	
Waste Weighted In- If Yes, indicate Co						No				
					Rep	orting M	lonth		Year	
	osal" F	acility	and/or	County	y of was	ste ori	gin rep	orted.	Final Out-o Report on Report all	Part
COUNTY	WASTE TYPES DISPOSED Note: Do not include any computer printout attachments. All Part 2 information must be included here.									
MUNICIPALITY	10	13	13C	23	25	27	27A	271	OTHER	TOTAL TONS
TOTAL TONS										
I CERTIFY THAT T	HE INFO	RMATION	I ENTERE	D ABOVI	E IS TRU	је то т	HE BEST	OF MY I	KNOWLEDGE.	
SIGNED				_ TITL	E				DATE	

(DUPLICATE THIS FORM AS NECESSARY)